Child and Family Services Update

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Director's Message

By Richard Anderson

Red Alert! Crucial Information Missing! Conspiracy!

Now, I remember when there was this imaginary person that used to slip into my childhood bedroom and mess everything up. (This person may have visited your childhood home). I called him Scroungy. I think Scroungy may have progressed from the intrusion into our childhood to messing things up in child welfare files. Actually, I believe Scroungy's behavior may have progressed to stealing--stealing information out of the Division's files.

For example: Has anyone seen a reference to Michele, age 11, having been visited by her CPS worker within 48 hours of being placed in shelter? Can you locate a note that the foster parents of Zachary, age 5, who is on medication for asthma, had this information given to his foster parents prior to taking him into their home? Is there a statement somewhere that both parents and the child (of the required age) participated in the development of the child and family plan? If you find these lying around the office somewhere or, maybe, still lingering in memory, please get them into the record in SAFE and secure them from Scroungy. A child's safety, permanence, or well-being may depend on this information in the file. Right now, the status of the Division in this area of our work is in question because so much of this crucial information is missing. This is a **red alert!**

The Office of Services Review has been hot on the trail of Scroungy. They have the evidence and Mr. Monson, himself, has placed it on my desk. On many questions in the Case Process Review (CPR) there is not enough information to know if the work was done or why it was not done. This leads to the conclusion that the work was not done and with no explanation. This is reported to the court monitor and then to the court as services never having been delivered. This may very well be a Scroungy conspiracy to make us look bad. Scroungy did the same to me over fifty years ago.

On another note, we have been told that our files, in comparison to other states, have much narration that is not necessary. Everyone is doing a lot of work on this, just not always the right work. I really want everyone to have clear understanding of what you have to put in the files and to avoid the unnecessary. Your time is much too valuable. In the CPR we have prioritized 23 questions for CPS, 5 for home based, and 23 for foster care that all search for specific actions that have been accomplished and recorded. (Those questions are attached in the document entitled, "Update—March 2005—CPR Questions.") Recent negotiations with the plaintiffs, NCYL, has removed some of these and simplified others. We will get these changes to you once the

agreement is completed. Until we get the few new changes to the questions, use the ones attached and you will succeed in this part of your work. Also, refer to the practice guidelines for the items that are to be recorded.

Written documentation is a requirement of every good child welfare system and every child welfare professional. We prove our work, provide history important to any future work with the child and family, and give important information leading to research for enhancing our skills and improving our services. We have many good examples of files that are concise and contain all the required information. It is possible to expect all of our records to show this attention to detail. It has been my experience that when we clearly know what is expected, we achieve it. One way that may help is to keep a list of what must be recorded. Refer to this often when writing in SAFE.

As a help, our training staff has developed a four-hour training for saving time while capturing the necessary information to the file. Take advantage of this help. Let's wipe out the red alert, thwart Scroungy, and leave a record that reflects the great professionals we are and memorializes the work we do.

Praise From A Young Expert In Our Field

I want to pass along something to those of you that were not at the exit for the Salt Lake Valley Region Qualitative Case Review.

Cheryl Dalley and I interviewed a delightful, barely 13-year-old girl, Melissa. Melissa is with a wonderful guardianship family. Having explained to her that the review was not about her but about how we deliver our services, she was asked if she had any suggestions. We were pleasantly surprised by her honest responses:

- ➤ "You're not doing really bad, but I have a few tips for you."
- ➤ "You ought to go to some homes that want to be foster homes and act like you are a piece of furniture for about two days."
- ➤ "You need to know that kids are really scared when they are taken away, no matter how bad their home."
- ➤ "Encourage them in school. They're really scared."
- ➤ "One positive thing--you have really good social workers."

I couldn't agree more with our resident young expert.

Development

Articles of Interest

By Midge Delavan, Training Coordinator

The December issue of Contemporary Pediatrics has several articles that may be of interest for content and for seeing what recommendations are being made to pediatricians for helping their patients with the issues of suicide and family substance abuse. The articles are available on the Internet at http://www.contemporarypediatrics.com/contpeds/issue/issueDetail.jsp?id=5267.

The titles are:

➢ "Adolescent Suicide: Vigilance and action to reduce the toll."
➢ "Guide for Parents: Considering or attempting suicide: Is your teenager at risk?"
➢ "Helping children in families hurt by substance abuse." (Look for good information, tools, and reference information included in this article.)

A New Resource for Developmental Screening

By Jerna Mitchell, Professional Development Team

If you have been reading the Update over the past few months, you may recall seeing information about "Ages and Stages," a developmental screening tool for children. Another tool that can help us to assess children's development is the Nipissing District Developmental Screening (NDDS). The NDDS was developed in Canada through the Nipissing District Infant Developmental Program. The Children's Aid Society sponsored the development of the NDDS for the Districts of Nipissing and Parry Sound in North Bay, Ontario, Canada. The tool is a simplified developmental screening tool.

Some of the benefits of the NDDS include:

➢ A bag of toys, shapes and colors is not required to administer the screening.
➢ The tool has fewer questions than other screening tools.
➢ The tool is easy to administer.
➢ And, the best feature of the tool is a detachable sheet for parents that covers things parents can do with their child to stimulate development for each age group.

You can see an example of the NDDS at http://www.ndds.ca/usa/usasample.html.

Requesting Waivers for Child Support Payments for Children in Child and Family Services Custody

By Cosette Mills, Federal Revenue Manager

Caseworkers often have questions about parents' obligation to pay child support to the Office of Recovery Services (ORS) for children who are in Child and Family Services custody. The attached article was prepared by ORS to help Child and Family Services staff understand child support requirements, how to determine if it is appropriate to request a waiver to reduce, temporarily defer, or waive a child support obligation, and what steps to follow to request a waiver.

Background

Utah Code Annotated §78-3a-906 states "when legal custody of a minor is vested by the court in a secure youth corrections facility or any other state department, division, or agency other than his parents, or if the guardianship of the child has been granted to another party and an agreement for a guardianship subsidy has been signed by the guardian, the court shall order the parents, a parent, or any other obligated person to pay child support for each month the child is in custody..."

ORS is responsible for collection of child support in these cases. All funds collected are distributed back to the Department of Human Services (DHS) division or institution that has custody of the child or that is providing 24-hour care for the child. These funds are intended to help offset the cost of care for these children.

While DHS fully supports the public policy enacted by the Legislature, that parents should provide child support while their children are in the care or custody of the state, it recognizes there are circumstances where collection of support is not in the best interest of the child. As a result, DHS established administrative rule R495-879 that allows for a waiver process of parental child support obligations for children who have been placed in the care and/or custody of the state.

The waiver process is intended for those cases where collection of support would hinder reunification goals or would otherwise not be in the best interest of the child. Child and Family Services staff should consider recommended questions to help determine if a waiver request is appropriate.

The following questions should be addressed prior to sending a waiver request to your supervisor:

➤ Has a child support order been established? If not, a waiver request is not appropriate until an award has been ordered.

➤ If a family is receiving an adoption subsidy, a waiver should not be requested based on the subsidy alone.

➤ Are the parents' circumstances (financial, emotional, medical, etc.) unusually different from other parents who have children in care?

➤ Will the collection of support hinder reunification efforts on the part of the division/institution? How?

➤ Will the collection of support prevent a child from receiving essential care (i.e., food, shelter, clothing, and medical care)?

➤ Does the family have excessive medical bills that are not covered by insurance?

➤ Has the family experienced an unpreventable loss of income (i.e., loss of employment, loss of monthly pension, non-payment of child support, etc.)?

➤ Would a postponement of collections be more appropriate than a permanent waiver of support?

The following conditions are inappropriate for waiver requests:

➤ Collection of support reduces the family's standard of living. Some degree of financial hardship is expected for parents who pay child support.

➤ Support payments are placing stress on the parents.

➤ The child was not "successfully" treated.

➤ The parents were not informed by caseworkers about their support obligation, or parents were told incorrectly that they would not have to pay support.

➤ Parents have too many other expenses or debts.

Waiver Procedures

➤ Print the "602 ORS Good Cause Deferral/Waiver" form from SAFE.

➤ Complete and sign the deferral/waiver. Make sure to provide in detail the reason for your request.

➤ Forward the deferral/waiver to the following individuals for approval and signature: your direct supervisor, your regional director, and the Child and Family Services director.

➤ Once all the appropriate signatures have been obtained, the Child and Family Services director will send the deferral/waiver to ORS for approval.

> If ORS denies the request, Child and Family Services may appeal the decision to the DHS executive director for a final decision.

> Once a decision has been made, notify the family of the outcome of the decision according to regional procedures.

Staff from ORS will provide training to Child and Family Services staff on the child support waiver process. To request the training, contact Kari Smith at (801) 536-8137. If you have concerns or issues that you'd like to see addressed to improve the working relationship between Child and Family Services and ORS at the state level, contact me, Cosette Mills, at the Child and Family Services State Office to have the concerns addressed at a quarterly Child and Family Services/ORS coordination meeting.

Organizational Competence

The Five Administrative Goals
By Reba Nissen, Professional Development Team

The Administrative Team for Utah's Child and Family Services has created a plan to focus on five goals as a team. In looking at the goals, I am reminded that our administration truly cares about the work that is happening in the field and wants to find ways to support all of us in that work.

Who's on the State Administrative Team? The state Administrative Team is made up of the five region directors, the division director and deputy director, as well as representatives from SAFE, Finance, Domestic Violence, Data Research and Reporting, Professional Development, and Policy and Planning.

How often do they meet? The Administrative Team meets for at least a full day every month.

What are they working on? The administrative team selected five focus areas to implement during State Fiscal Year 2005 (July1, 2004 through June 30, 2005) and continue to work on for the next four years. These goals are:

> **Administrative Goal #1: Practice Model Specialized Skills Application/ Initial Response Staff**
> OUTCOMES: Use of Specialized Practice Model Skills by Initial Response Staff contributes to the increased safety of children and families.

GOAL #1: Initial Response staff (CPS, Intake, and Domestic Violence workers) have the capacity and commitment to consistently apply the Practice Model utilizing specialized skills unique to their program areas.

GOAL #2: Increase community support for use of the Practice Model by Initial Response Staff.

➢ **Administrative Goal #2: Contributing Factors to Workloads/Caseload Management**

OUTCOMES: (A) Supervisors and regional administrators have information and tools available to help them appropriately allocate caseloads consistent with caseworkers' abilities and within constraints of available resources. (B) Caseworkers feel that the workload is equitably allocated within their ability to manage the cases and within the ability of the region to utilize and allocate resources. (C) Caseworkers understand the elements crucial to managing caseloads.

GOAL #1: Factors contributing to workload will be identified.

➢ **Administrative Goal #3: Supervisory Support**

OUTCOMES: (A) Staff have the capacity to consistently apply the Practice Model through supervisory support. (B) Supervisors are committed to the long-term view of the agency and have the skills and ability to apply the Practice Model at the practice level and in their administrative work. (C) Supervisors identify and promote the goals of the agency by supporting the people they supervise while holding them accountable. (D) Administration has tools to select, train, and mentor supervisors.

GOAL #1: Supervisor training is developed and presented to facilitate a parallel process between administrative work and frontline work as it relates to long-term view and steps to achieve it; i.e., attending to daily tasks while keeping the long-term view clearly in focus.

GOAL #2: Supervisors will know how to apply Human Resource rules and policies related to employee performance expectations, including writing clear performance plans, corrective action processes, and termination.

GOAL #3: Administration will share their strengths, challenges, and techniques in developing a strong Practice Model management team.

➤ **Administrative Goal #4: Staff Development and Support**

OUTCOMES: Staff report increasing job satisfaction, and employees with successful job performance continue their employment with Child and Family Services.

GOAL #1: (1) Staff feel supported and valued personally and professionally. (2) Staff have a mechanism to provide feedback and a role in decision-making via this mechanism. (3) Staff receive incentives and motivators for work well performed.

➤ **Administrative Goal #5: Mentoring**

OUTCOMES: Every employee has a mentor helping with transitions and supporting their development in helping to create quality outcomes for children and families.

GOAL #1: Develop a formal mentoring program for employees and the organizational structure necessary to support mentoring.

GOAL #2: Create and implement a general training curriculum for mentors (with specific detail developed separately for each program area).

Look for additional information in this update on Administrative Goals #1 and #5 below under the Professional Competence heading. Look for more progress reports in future Updates.

Ansell Casey Life Skills Assessment (ACLSA)
By Pamela Russell, Independent Living Program Manager

Since the Practice Alert for the ACLSA went out earlier this month, I have received numerous questions and/or requests for clarifications regarding this assessment. In an effort to provide continued support, I have listed below a compilation of frequently asked questions.

Q: Do I complete the ACLSA on all youth, 16 and older, on my current caseload or just new cases?

A: Complete the ACLSA for **ALL** youth on your caseload 16 and older, **and** new youth 16 and older as they are assigned to your caseload. The goal is to get an assessment on every youth to assist in the planning of services for youth as they transition from childhood to adulthood.

Q: How do I complete the ACLSA for youth in residential placements?

A: You have three options.

> ➢ If the facility has Internet access, ask the youth's primary worker at the facility to complete the caregiver portion and assist the youth in completing his/her assessment. You will need to provide the Organizational Code, Youth ID number, and your email address (this allows the results to be sent directly to you).

> ➢ If the facility doesn't have access to the Internet, you can print a hard copy of the youth and caregiver assessment, FAX the assessments to the primary worker, and ask them to complete the caregiver form and have the youth complete their form and return to you. Or,

> ➢ Copy the assessment and sit down with the youth during your next visit to complete the assessment together. Don't forget to have the facility fill out their assessment as the caregiver.

Q: If the youth completes a hard copy of the ACLSA, how do we get the results?

A: If the youth or caregiver completes a hard copy, someone will need to enter the information onto the website. This must be done within 30 days of the assessment. This takes only a few minutes and anyone can do it.

Q: Will there be a SAFE prompt for completing the ACLSA?

A: We are currently working on getting a SAFE prompt installed.

Q: Do we enter or copy the assessment into SAFE?

A: In the SAFE Functional Assessment, under the Reference Tab, you will enter the date, type (ACLSA) and source (Youth or Caregiver) of the assessment at the bottom of the screen in "Assessments Referenced."

Q: Do we put anything in the youth's file?

A: When you get the email with the results of the assessment, print the assessment results and place a hard copy in the file with all your other assessments.

Q: How do I document compliance of completing the ACLSA?

A: When you enter into SAFE the information in the Functional Assessment, Assessment Referenced tab, this will document compliance. (See above.)

Q: Do I give a copy of the results to the youth?

A: Yes, you should meet with the youth and the caregiver to go over the results of the assessment and talk about what needs to be done.

Q: Are the ACLSA's being saved on the website? Can I go back and look at it any time I want?

A: No, the test and results are not saved on the website. That is why it is critical you print a hard copy. The documents must be printed within 30 days of completion.

Q: How do we update or re-access the assessment?

A: The ACLSA can be taken as often as the team feels it is necessary. It can be taken annually or as the Independent Living Plan is updated. Simply have the youth and caregiver take the assessment again. This is a great way to show improvements and update the functional assessments as you continue to individualize the youth's Independent Living Plan.

Q: What training opportunities will there be around the ACLSA?

A: The National Resource Center for Youth Services (NRCYS) from the University of Oklahoma is coming in April to provide Technical Assistance to Utah. They will provide a "Train The Trainers" (TOT) for our regional independent living coordinators, regional trainers, and others. Trainings will be scheduled in each region, allowing us to provide continued support to all regions.

Hopefully these questions/answers will provide some clarity to the ACLSA. Please continue to ask questions and utilize your regional independent living coordinators as the great resource that they are.

With our strong emphasis and efforts to better prepare youth to live independently, the ACLSA is an invaluable tool that assesses the competency areas of life skills and identifies specific individual needs to be focused upon by the child and family team in case planning. Keep up the good work and remember, "If nothing changes, nothing changes."

Administrative Goal #1 - Initial Responders - Initial Response Workgroup

By Jonathan Houser, Program Area Trainer

In relation to Administrative Goal #1 (See Update Article on The Five Administrative Goals under Organizational Competence), we are in the process of developing Initial Responder Training for all Initial Response staff (CPS, Intake, and Domestic Violence workers). In conjunction with the training, we are also reformatting and updating Practice Guidelines. A workgroup has been created for this purpose. We welcome your concerns, insights, and questions. Please contact any member of the workgroup and he or she will bring your input to the workgroup. Currently, the group includes: Amanda Rader, Annie Ashcraft, Charlotte Gibbons, Dawn Hollingsworth, Diane Humphreys, Diane Moore, Melonie Brown, Midge Delavan, Paul Schaff, and myself. We will be including additional people as we move from Intake to CPS. You may contact me by phone at (801) 538-4458 or by email at jdhouser@utah.gov.

Administrative Goal #5 - Mentoring

By Reba Nissen, Professional Development Team

The Mentor Workgroup is made up of representatives from each region as well as members of the Professional Development (Training) Team at the State Office. Members are: Sally Tasker and Kevin Jackson from Northern Region, Spence Morgan from Salt Lake Valley Region, Eliana Downing, Troy Gasser, and Matthew Froelich from Western Region, Phyllis Lee from Eastern Region, and Rob Ross from Southwest Region. Brent Platt, Western Region Director, is our Liaison to the Administrative Team. Reba Nissen, Jerna Mitchell, and Martin Roundy round out the workgroup from the State Office. We meet monthly to provide support to each region as you implement, track, and adapt your region mentoring plans. We have developed a vision for mentoring that fits into a larger vision of Professional Development. The workgroup has shared this vision with the Administrative Team and is developing Mentor Training based on the vision.

What is our vision of Professional Development? As you read the vision below, think about where we are achieving our vision and what is needed for us to move closer to the vision. We envision a Child Welfare Organization that supports professional development through focused work in providing for:

> **Continuous Improvement:** Our model is one of Continuous Improvement. Whether we are working with children and families or workers, we continually look for the need and act to meet the need. The organization recognizes and

supports employees making innovations that refine practice and develop the emerging field of Child Welfare.

➢ **Nurturing Environment:** The organization provides an environment that embraces learning as a continuous process, a process that occurs in relationships, and a team function. This environment ensures that employees feel safe to ask for help and receive support for their development. Sharing and learning take place across internal and external boundaries in the organization.

➢ **Continuous Learning:** The organization provides opportunities and clear pathways for continuous learning. Everyone is always in a process of professional development regardless of his or her experience, skills, and knowledge.

➢ **Accessible People and Resources:** The organization ensures access to people and resources for continuous learning. Trainers, supervisors, peers, administrators, providers, partners, and community members are all considered as mentors. Written participant workbooks and field handbooks, as well as resources on the Internet and Intranet, are in a process of continuous development to provide up-to-date information, demonstration, practice, and feedback opportunities.

➢ **Support and Advocacy:** The organization provides support and advocacy for professional development. Planning and evaluation provide structure for individual and group development. The administration provides recognition for individual and group accomplishment and work with partners to advocate for improvements and rewards for valued work in Child Welfare.

➢ **Honoring Diverse Skills and Experience:** The organization values and allows all staff to use and continue learning about their unique skills and experience. This can include skills and experience that are not specific to child welfare, but that enhance our practice.

➢ **Individual Willingness:** Individuals, working in an environment of safety, continuous improvement, and learning, feel free to share and learn from their mistakes and challenges. We recognize within each other (as within families) that we each hold the key to our own professional growth.

The workgroup would love to hear from you. Please contact your region representative or state office supports with ideas and insights about mentoring.
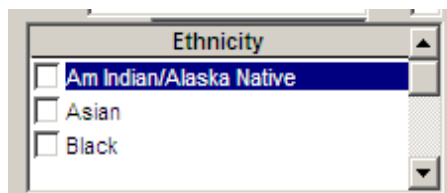
Using SAFE Entry Fields

By Kathy Tollett, Information Analyst

There are several ways a user can enter information into SAFE: drop down data window, multiple-select box, and text entry box.

Multiple Select Box

With multiple select boxes, a user is required to mark/select at least one check box but they can mark/select **everything** that applies. To select simply click in the box to the right of the data you want included. A check mark will appear in the box. If you click on the box a second time the check mark disappears. Multiple select boxes are used for Ethnicity, Contributing Factors, Characteristics, Services Provided, Services Referred, etc.

Drop Down Data Window
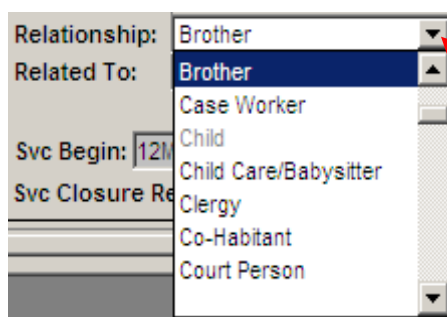
This is a drop down data window. A user can select only **one** option. To display the drop down list click on the arrow and a list of options will be displayed. To select click on the option that applies. The drop down list will disappear and your selection will be displayed. If the wrong data is displayed, click on the arrow to display the drop down list and make a different selection. Drop down data windows are used when entering Relationship, Role, Related To, Family Structure, Hispanic, Language, etc.

Accessing Resources For Needs Of Children And Families And Use Of Federal Grant Funds To Support Client Needs

By Cosette Mills, DCFS Federal Revenue Manager

Several factors should be considered when determining the best sources for funding to address needs of children and families being served by Child and Family Services. The attached document entitled, "Update—March 2005—Funding Tips for Workers with Grants" provides a breakdown of available resources and how to access those resources.